

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/937316

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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12		/		/		
13		/		/		
14		0		/		
15		0		/		
16		4		/		
17		1		/		
18		0		/		
19		0		/		
20		0		/		
21		0		/		
22		0		/		
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TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	30	←		←		←
TOTAL CLAIMS	37					

BEST AVAILABLE COPY

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						